1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000007329

S. WALLIS PINSLEY, D.O., P.A.			
Principal Place of Business	Mailing Address		
2290 10TH AVE N. SUTIE 205	2290 10TH AVE N. SUTIE 205		

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90006 004 \*\*\*150.00



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Principal Plac	• • •	Mailing Ad	dress						
	E N. SUTIE 205		ave n. Sutie 20:	5					
SUITE #605	51. 88404		SUITE #605		DO NOT WEITE IN THE COACE				
LAKE WORTH US	FL 33461	US	LAKE WORTH FL 33461		DO NOT WRITE IN THIS SPACE				
03		US				3. Date Incorporated or Qualifed	1		
		0 - M-20	Address			11/23/1992		11.	
····	lace of Business	2a. Mailing	Address			4. FEI Number		<del></del>	lied For
21		26				65-0376883			Applicable
Suite, Apt.	#, etc.		Npt. #, etc.			5. Certifcate of Status Desired	<b>\$</b>	8.75 A	
22		27			•			Fee Req	uired
City & Stat	le .	City &	State			6. Election Campaign Financing	' m '	\$5. <b>00</b> n	, ,
23		28		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	Country		8. This corporation owes the cu		_	_
24	25	29	30	0		Personal Property Tax.			No
	9. Name and Address of Curr	rent Registered A	gent			10. Name and Address of New	Registered Age	nt .	
DINC	VEV DD OUEDDIW		5	81	Name				
	SLEY, DR. SHERRI W			82	Street Addr	ess (P.O. Box Number is Not Accep	table)		
	10TH AVE N, SUTIE 205					man was like on limba of a original	otes on each are e	e garanta a ca	er geografia kan
LAK	E WORTH FL 33461			83				100211	
				84	0.1	, 15 th 15 th 2 th 2 th 15 th		5 Zip Co	\$1 (2) (\$\$
				04	City		FL  8		ide
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508,	Florida Statutes	, the above	-named corp	oration submits this statement for the	e purpose of char	nging its re	gistered
○ ' office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such	change was auth	norized by t	the corporation	on's board of directors. I hereby acce	ept the appointme	nt as regi	stered
914	. ,	igations of, occion	007.0000, 1 10110	a Otatutos.		•			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Re	egistered Agen	t signature required	d when reinstating) ( • • • • • • • • • • • • • • • • • •	DATE		
12.	OFFICERS A	AND DIRECTORS	·	13.		ADDITIONS/CHANGES TO O	FFICERS AND D	IRECTOR	S IN 12
TITLE	D	· ·	DELETE	1.1 TITLE		The state of the s		Change	Addition
NAME	PINSLEY, DR. SHERRI W			1,2 NAME					
STREET ADDRESS	2290 10TH AVE N. SUITE #6	<b>80</b> 5		1.3 STREET	ADDRESS				1
CITY-ST-ZIP	LAKE WORTH FL 33461			1.4 CITY-ST					1
TITLE	Date World TE COTO		DELETE	2.1 TITLE	-211			Change	Addition
							لنبا		
NAME	·			2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP	\$17.				I .				
TITLE TOUCH		5,4-1,5	J DELETE	2.4 CITY-S	T-ZIP	·	·	Chanca	CT Addition
NAME	AT BUSET -	salia (salida da sali)	DELETE	3.1 TITLE	T-ZIP	·	·	Change	Addition
2.51	ATA DAY SERVICES	<del>vili i vidindel</del> i	DELETE	3.1 TITLE 3.2 NAME				Change	Addition
STREET ADDRESS		प्रकृति है को भी गाउँ गी	DELETE	3.1 TITLE					Addition
CITY-ST-ZIP	的影響物質的		_	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-ST	ADDRESS		ni di		1 4 1 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. 38%	的影響物質的		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS	19	ni di		Addition  Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.